

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CYPRESS HOUSE CBRF (510320)

Address: 1415 CYPRESS AVE, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 08/31/1990

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096970 **End Date:** 05/12/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095438 **End Date:** 07/14/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009816 Served 08/23/2005

Deficiencies Cited
83.45(1)

Subject Area
ACCESSIBILITY

Compliance
Verified
11/01/2005

Corrected
Yes

Survey ID: 0090912 **End Date:** 09/03/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.